

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action		FEC IDENTIFICATION NUMBER ▼ C C00495861	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shorr Johnson Magnus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2015	
Mailing Address 100 N 20th St Ste 201		Amount 3909.02	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VNTYH9S6NT8
Purpose of Expenditure Production Costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		39131.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Shorr Johnson Magnus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2015	
Mailing Address 100 N 20th St Ste 201		Amount 5381.52	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VNTYH9S6P06
Purpose of Expenditure Production Costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		53871.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9290.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Greg Speed

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2015

Signature